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		First Named Inventor	+				
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(to be used for all correspondence after initial filing)		Examiner Name	Melanie J	Metanle Jo Hand MAR			
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Fee Transmittal Form		Drawing(s)			After	Allowance Communication to TC	
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Amendment/Reply		Petition				eal Communication to TC eal Notice, Brief, Reply Brief)	
After Final		Petition to Convert to a Provisional Application			Proprietary Information		
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			•	s Letter	
<b> </b>		Terminal Disclaimer			Othe	r Enclosure(s) (please Identify	
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	SIGNATURE C	F APPLICANT, ATTO	RNEY, C	RAG	ENT		
Firm Name Kinetic Concep	ts, Inc.						
Signature	Mason						
Printed name Robert W. Mass	on						
Date March 6, 2007			Reg. No. 42,848				
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	CERTIFIC	ATE OF TRANSMISS	ION/MAI	LING		)	
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PTQ/SB/17 (02-07) Approved for use through 02/28/2007. OMB 0851-0032 U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete If Known ent to the Consolidated Appropriations Act, 2005 (H.R. 4818), Application Number 10/600,061 EE TRANSMITTA Filing Date June 20, 2003 For FY 2007 First Named Inventor Cesar Z. Lina Examiner Name Melanie Jo Hand Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3761 TOTAL AMOUNT OF PAYMENT 1,370.00 Attorney Docket No. VAC.5671.US METHOD OF PAYMENT (check all that apply) Check [ Credit Card L Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number, 500326 Deposit Account Name: Kinetic Concepts, Inc For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Eee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissne 300 150 500 250 600 300 **Provisional** 200 100 Ô 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Feo (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Pald (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20, Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) \_-3 or HP = HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) Other (e.g., late filing surcharge): Petition Fee Under 37 CFR 1.17(t) 1,370.00 SUBMITTED BY

Signature Registration No. 42.848 Telephone 210.255.6855

Name (Print/Type) Robert W. Mason Date March 6, 2007

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